

ISF029
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INTEGRATED STATEWIDE INFORMATION SYSTEM
REQUEST FOR BUNDL REPORT DISTRIBUTION

ACTION:

_____ - New
_____ - Change
_____ - Delete

Agency/Dept. Name (Please Print):

Agency Representative Name:

Work Physical Mailing Address:

Title:

Work Telephone:

	AGENCY	ACCT NBR or BIN NBR	MAILCODE	PHYSICAL MAILING ADDRESS
1.			I : S : _____	_____ _____
2.			I : S : _____	_____ _____
3.			I : S : _____	_____ _____
4.			I : S : _____	_____ _____
5.			I : S : _____	_____ _____
6.			I : S : _____	_____ _____

Authorization to Assign Report Distribution

(To be completed by Agency Security Administrator or representative of Appointing Authority)

I verify that the report distribution assignment defined above is accurate and complete. I understand that this report distribution assignment provides permissions to valuable data and automated resources. I understand that the use of the report distribution assignment will be monitored and that all employees with this report distribution assignment are accountable for how it is used. I understand that all employees who are given this report distribution assignment are responsible to protect the resources they have been permitted by protecting the confidentiality of the information and data that is accessed through this report distribution assignment. I understand that should this report distribution assignment change, that I am to contact the Division of Administration SIS Security Administrator within one working day of the change in report distribution assignment.

Agency Security Administrator

Name (Please Print) _____

Title _____

Telephone _____

Signature _____

Date _____

I verify that all information that appears on this form is accurate and complete.

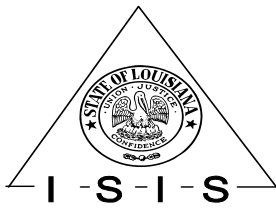
Agency Liaison Signature _____

Date _____

SIS office use only:

Signature _____

Date Completed _____



**BUNDL REPORT DISTRIBUTION
ISF029 FORM INSTRUCTIONS**

Rev. 5/98

This form is used to assign selected account number and mailcodes for BUNDL report distribution .

Agency/Dept. Name: The name associated with the report distribution number specified below.

Work Telephone: Work telephone number where agency representative can be reached.

Work Mailing Address: Address where information is to be mailed to the agency representative.
(Physical Address)

Agency Representative Name: Name of Agency Security Administrator or representative of Appointing Authority who is authorized to complete this form.

Title: Title of the position occupied by the agency representative named above.

Action (box): Check only one of the following. (submit a separate sheet for each action type required)

New	Defines a new report distribution.
Change	Changes the address for an existing report distribution.
Delete	Deletes an existing report distribution.

Set-Up and Authorization

ISF029 form **MUST** be signed and dated by the Agency Security Administrator or Representative of the Appointing Authority and the Agency Liaison. The authorization section must be completed by the Agency Security Administrator before a report distribution mailcode will be assigned, or the information about an existing one, changed. The form should be verified for accuracy and legibility and the verification section should be completed by the Agency ISIS Liaison before a new report distribution assignment will be established, or the information about an existing one, changed.

Field Descriptions:

AGENCY Identifies the agency number associated with BUNDL report distribution.

ACCT NBR Leave BLANK. This field will be completed by the Office of State Mail Operations.

MAILCODE The mailcode is comprised of a three digit prefix, then a three digit agency number, and then four digits assigned by the agency. The Prefix is **ISF** for AFS, **ISP** for AGPS or **ISC** for CFMS.

PHYSICAL MAILING ADDRESS The mailing address must be a street address, city, state and zip code. **DO NOT** enter a post office box.